

RADIOFREQUENCY/MICROWAVE SYSTEM USE REQUEST/AUTHORIZATION

(Please Type / Print Legibly)
(Instructions for completion in Field Help or on second page)

Originator Name/Telephone	Organization Mail Code/Address	Date	Authorization Number
---------------------------	--------------------------------	------	----------------------

I. SYSTEM DESCRIPTION

A. System Designation	B. Type of System	C. Mission/Payload Designation
-----------------------	-------------------	--------------------------------

D. System Characteristics/Capabilities	
1. Fixed, mobile or temporary system: _____	7. Elevation stops: _____
2. Size, Type and Quantity of antennas: _____	8. Type transmission lines: _____
3. Height above occupied areas: _____	9. Qty. and type power tubes: _____
4. Azimuth capability: _____	10. Peak voltage to tubes: _____
5. Elevation capability: _____	11. Interlocked doors to H.V. Cab: _____
6. Azimuth stops: _____	12. Frequency capability: _____

E. Operating Parameters (Put a circle around those parameters used for normal operations)	
1. Continuous or pulsed emission: _____	7. Peak power to transmitter: _____
2. Pulse Width(s): _____	8. Insertion loss (transmitter to antenna): _____
3. Pulse Repetition Frequency: _____	9. Antenna gain: _____
4. Pulse Code: _____	10. Type of illumination: _____
5. Max. rated duty cycle: _____	11. Beam Width/Skew: _____
6. Normal operating frequency: _____	12. Polarization of transmitted wave: _____

II. AREA DESCRIPTION	III. PROCEDURES
A. Use Location Area _____ Building Number _____ Room Number _____	A. Operating Procedures: _____ B. Accident/Emergency Proc.: _____ C. Maintenance Procedure: _____ D. FCC License/Registration: _____ E. Attach copies of procedures/registrations
B. Storage Area _____ Building Number _____ Room Number _____	
C. Submit copies of System Drawings as attachments to this request.	

IV. SYSTEM USERS	V. PROPOSED PERIOD OF USE
A. Area Radiation Officer _____	From: _____ To: _____
B. Use Supervisor/Custodian _____	
C. Attach list of user/operators <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	VI. SIGNATURES
D. Submit Completed KSC Form 16-450 for each of the above named individuals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A. Originator _____ Date _____
E. Maintenance/Calibration Organization _____	B. Area Radiation Officer _____ Date _____

VII. AUTHORIZING SIGNATURES	
Health Physics	Date
KSC Radiation Protection Officer	Date
45th SW Radiation Protection Officer (if applicable)	Date
Chmn. KSC Radiation Protection Committee	Date

INSTRUCTIONS FOR COMPLETION

Refer to descriptions and examples as delineated by KHB 1860.2, Appendix B, to complete this form.

Section I - System Description

- A - System designation: operational name, acronym, etc.
- B - Type of system: radar, transmitter, etc.
- C - Mission/Payload designation: indicate mission or payload designation, if applicable.
- D - System characteristics/capabilities: provide system operating characteristics as requested.
- E - Operating parameters: provide system operating parameters - identify maximum capabilities and normal operating parameters as requested.

Section II - Area Description

- II A/II B - Indicate: area (KSC/CCAS), building number, and room number (if applicable) for use and storage areas, respectively.
- II C - Attach sketch/drawing of areas denoting use and storage locations, including protective features employed in facility design.

Section III - Procedures

Self explanatory (attach copies of all applicable procedures)

Section IV - System Users

- IV A - Identify Area Radiation Officer (ARO)
- IV B - Identify Use Supervisor Custodian (US/C)
- IV C - Self explanatory
- IV D - Self explanatory
- IV E - Identify maintenance/calibration organization if different from user organization (if applicable).

Section V - Proposed Period of Use

Maximum period of use is one year with annual renewal required for continued use.

Section VI - Signatures

Signature of originator and/or Area Radiation Officer is required for processing of request.

Note: This form will be returned to you after review.